

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobb	byist(s) <u>Maura</u>	M. West	on	
II. Name of lobi	byist's partnership, firm or c	orporation, if any	:	
MMN	leston + Ascaci	ate PLL	L	
	(Name of partnership, firm or co	orporation)		
PO BOX	990	Concord	NH	(Zip Code)
Business Address:	(Street)		(State)	(Zip Code)
(lab) 224 - L (Teleph	1077 (403)	224 - 409 (Fax)	9 e-mail Maira	emmweston. onm
	ent covers: (Choose one – filense transactions which are n			sy file a separate report for
_	le transactions occurring in the			e following client:
Pura	Lue Phurma (Full Name of Client as i			
<u>OR</u>	(Full Name of Client as i	t appears on the Lobi	yist Registration Form)	
	e transactions by the lobbyist (including the lobby	vist's family), or the lobbying	g firm listed below which are
unrelated to any	particular client.			
IV. Date of Rep	oort April 26, 2017		July 26, 2017	
Reports cover:	activity from date of registratio	n to 3/31/17	activity from 4/1/17 to 6/30/17	,
	October 25, 2017 _ activity from 7/1/17 to 9/3	0/17	January 31, 2018 activity from 10/1/17 to 12/31.	/17
	been no fees received and cked, complete just this form a 301.			
VI. Check if add	ditional reports are attached	•		
	received fees or made expendi		Addendum A- Fees and E	xpenses
	paid an honorarium or reimbu			
∐ If you, your	firm, or your family has made	political contribut	ions, you must file Addendu	m C- Political Contributions
I have read RSA	nt/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and the best of my knowledge and		eby swear or affirm that the	foregoing information is true
1/2/	人.ノ.		4-26-17	
(Signature of lo	bbyist)		<u> 4-26-17</u> (Da	te)
Maura M (Print Name of	1. Weston lobbyist)			

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Maura M. Weston	
II. Name of lobbyist's partnership, firm or corporation, if any:	
MM Weston & Associates, PLLC (Name of partnership, firm or corporation)	
III. Name of Client Purdue Pharma	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <i>(</i> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a busines as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of ser than \$25, but not greater than \$50 by expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$_/2,06U
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 12 000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	·
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
1227	4-26-17
(Signature of lobbyist)	(Date)
Maura M. Weston	
(Print Name of lobbyist)	